



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

December 9, 2010

Ms. Tammy Cota, Administrator  
Cota's Hospitality Home  
1079 South Barre Road  
Barre, VT 05641

Dear Ms. Cota:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **October 10, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief



## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	NOV 05 10 Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/10/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
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R100	Initial Comments:  An unannounced onsite complaint investigation was completed on 9/29/10 by the Division of Licensing and Protection. The following regulatory violations were identified.	R100			
R128 SS=G	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to adhere to a physician's order to withhold a medication for 1 applicable resident and failed to follow a physician order for the administration of an antibiotic. (Resident #1) Findings include:  1. Per interview on 9/28/10 at 1:10 PM, the assistant manager of the Residential Care Home (RCH) stated they had received a telephone order on the afternoon of 9/4/10 from Central Vermont Substance Abuse to withhold administering to Resident #1 a newly prescribed medication, 1/2 tablet of Naltrexone 50 mg (a opiate antagonist) until further notice due to positive results of a drug screening.  The assistant manager confirmed s/he failed to transcribe the order into the resident's record or document in the Medication Administration Record (MAR) not to administer the Naltrexone. Per interview on 9/29/10 at 9:25 AM, a staff	R128			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

T0QX11

TITLE

*Larry Cota owner/manager*

(X6) DATE

If continuation sheet 1 of 11

11/3/10

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R128	<p>Continued From page 1</p> <p>member confirmed they had administered the Naltrexone to Resident #1 at approximately 8:30 PM on 9/4/10 and was unaware the medication was on hold. The staff member stated the resident retired for the evening after receiving the medication and did not voice any complaints regarding side effects from the medication while on duty.</p> <p>Per telephone interview on the morning of 9/30/10 the prescribing physician for Resident #1 stated the RCH was notified via fax on 9/3/10 stating the first dose of Naltrexone would be administered in a clinic setting on 9/10/10 and if no reaction, the next dose would then be administered at the RCH on 9/11/10. Although the RCH Assistant manager stated Resident #1 had a positive drug screen on 9/4/10, the physician stated a drug screen was not conducted until 9/8/10 which was positive, and as a result Resident #1 would not begin Naltrexone. The physician stated a second fax was sent to the RCH on 9/10/10 to hold the Naltrexone until further notice.</p> <p>A follow up telephone interview on 9/30/10 at 2:15 PM was conducted with the manager/owner and assistant manager informing them of the discrepancies in dates previously reported and the inaccuracies documented in the resident's record. The assistant manager confirmed s/he was in error with the dates previously reported and failed to alert staff not to administer the Naltrexone. The assistant manager subsequently agreed the medication error actually occurred on 9/10/10 resulting in Resident #1 experiencing an adverse reaction to Naltrexone secondary to the presence of semi-synthetic opioids recently detected from a drug screen conducted on 9/8/10.</p>	R128			

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R128	Continued From page 2  Per interview on 9/28/10 at 3:35 PM, Resident #1 described the reaction from taking the Naltrexone as "scary" with symptoms of difficulty breathing, flushing and feeling tremulous and anxious.  2. Per record review, Resident #1's physician prescribed Azithromycin (Z-Pack) 250 mg for a diagnosis of Bronchitis on 9/21/10. Two tablets were to be started on 9/21/10 followed by 1 tablet each day with completion of the antibiotic on 9/25/10. Per observation of the Z-Pack, 3 tablets were still in the drug package. Per interview on 9/29/10 at 10:20 AM the assistant manager stated when the order for the Z-Pack was received the staff accessed the emergency back up medications and administered the 2 initial 250 mg of Azithromycin tablets, while awaiting the medication to arrive from McGregor's Pharmacy. Per observation of the Azithromycin 250 mg dose pack removed from the emergency medication storage, the drug had expired on 9/1/10. When brought to the attention of the RCH manager and assistant manager, both were unaware of the expired medication. In addition, per review of the MAR, there was no documentation identifying the Azithromycin to be administered from 9/21 through 9/25/10. Both staff members were unable to confirm how much of the antibiotic Resident #1 received or why there was no documentation. In addition, the assistant manager was requested to contact the prescribing physician to inform him the resident had not received a full course of antibiotics and continued to demonstrate symptoms of bronchitis.	R128		
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (4)	R147		

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R147	<p>Continued From page 3</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff maintained a current and accurate list of medications for 1 applicable resident (Resident #1). Findings include:</p> <p>1. Based on staff interview and record review, the RCH failed to ensure the Medication Administration Record (MAR) for Resident #1 was accurate. On 9/10/10 the assistant manager was informed by the Central Vermont Substance Abuse Clinic to hold the dose of Naltrexone prescribed for Resident #1 until further notice. The assistant manager failed to transcribe the order to the MAR and a staff member, on the evening of 9/10/10, administered the first dose of the medication resulting in an adverse drug reaction. Per telephone interview on 9/30/10 at 2:20 PM the assistant manager confirmed s/he failed to update the MAR to reflect the change in physician orders resulting in the drug error.</p> <p>2. Per review of the Medication Administration Record (MAR) on 9/29/10 revealed Azithromycin, prescribed by the attending physician for Resident #1 on 9/21/10 for Bronchitis, had not been recorded on the MAR. Per review of the MAR, there was no documentation identifying the Azithromycin to be administered from 9/21 through 9/25/10. Both the manager/owner and</p>	R147		

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R147	Continued From page 4  assistant manager were unable to confirm how much of the antibiotic Resident #1 received or why there was no documentation.  Refer also to R-128	R147			
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (7)  Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that staff recorded side effects experienced by 1 applicable resident who received a medication in error. (Resident #1) Findings include:  1. Per interview on 9/27/10 at 1:20 PM the assistant manager stated Resident #1 experienced a reaction from a medication which was administered in error. Per review of documentation written in the record of Resident #1 by the assistant manager, the documentation was inaccurate and incomplete. The adverse drug reaction experienced by Resident #1 after being administered Naltrexone was documented to have occurred on 9/4/10. However, after further review of the event it was determined Resident #1 was administered the medication on 9/10/10. In addition to the inaccurate date, the assistant manager failed to document the symptoms the resident was experiencing and record details of the action taken.	R150			

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R160	Continued From page 5	R160		
R160 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:</p> <p>(1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the RCH</p>	R160		

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R160	Continued From page 6  failed to ensure outdated medication were disposed of and not made available for medication administration. Findings include:  1. Per observation on 9/29/10 at 10:20 AM, outdated Azithromycin 250 mg tablets stored in the Emergency Kit had expired on 9/1/10. Per staff interview, Resident #1 was administered at least 2 of the outdated antibiotic on 9/21/10. At the time of the observation, the owner/manager stated it was the responsibility of the pharmacy who supplies the medications to monitor outdated medication. Per interview on 9/29/10 at 10:30 AM, the pharmacist from the contracted pharmacy who supplies the medications for the RCH stated the responsibility is with both the pharmacist and the staff of the RCH to routinely check for outdated medications.	R160		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering	R171		



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R171	Continued From page 7  medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure medication administration was documented and medication errors were recorded. Findings include:  1. Per review on 9/29/10 of the RCH's policy and procedures, when a medication error has been made, staff are to document the error on a Medication Error Report. Per interview on the morning of 9/29/10 the assistant manager confirmed s/he failed to document a medication error involving the administration of Naltrexone to Resident #1 after the prescribing physician had ordered not to administer the medication.  Refer also to R-128	R171		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision	R181		

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R181	Continued From page 8  shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the owner/manager of the RCH retained an employee with a positive criminal background. Findings include:  1. Per review of personnel records on 9/28/10 at 9:10 AM, there is 1 staff member presently employed that has a positive criminal background check. The owner/manager confirmed the positive criminal background of the current employee and confirmed that they have not requested a variance from the Division of Licensing and Protection prior to the employment of this individual.	R181		
R183 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty.	R183		

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R183	Continued From page 9  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RCH failed to maintain an accurate record of staff on duty including names, titles, dates and hours worked for the months of 8/10 and 9/10. Findings include:  1. Per interview on 9/28/10 at 2:45 PM, the owner/manager and assistant manager confirmed a schedule was not completed for the months of August and September. Incomplete information was recorded on a desk calender which did not identify specific shifts or hours staff worked. In addition, the schedule did not reflect at least one staff member was awake and on duty at all times.	R183			
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the manager/owner failed to obtain abuse checks registry checks for 3 of 4 staff employed and failed to obtain criminal background checks for 2 of 4 employees. Findings include:  1. Per review of personnel records on 9/28/10, the owner manager confirmed that adult abuse registry and criminal background checks were not conducted for 3 of 4 employees presently	R190			

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R190	Continued From page 10 employed at the home.	R190		

November 3, 2010

## Plan of Correction for October 10, 2010 Summary

Note: I'd like to assure you that assistant manager of this facility has been let go due to the severity of the deficiencies that are reported in this summary. The overnight staff has also been changed so that we are in compliance with the rules and regulations.

### R128 General Care

Cota's will no longer be using the E-kit at all so the expired medication problem will not be repeated.

All doctors orders will be documented immediately with the correct date and time. All staff will be re-taught the correct procedure for documenting doctors orders by the nurse, Kate Laramore R.N., who is working in the home. Tammy Cota, will monitor this issue to make sure that the staff are following the procedure.

R128 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

### R147 Resident Care and Home Services

The nurse, Kate Laramore R.N., will re-teach the correct procedure for keeping the MAR up to date. All staff members will make sure that they are following the procedures and Tammy Cota will make sure that the procedures are being followed and will re-teach as necessary.

R147 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

### R150 Resident Care and Home Services

The mistake that was made with documentation will not be repeated because the staff that was not documenting things correctly has been let go. Tammy will continue to monitor the current staff to make sure that they are following the procedures.

R150 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

### R160 Resident Care and Home Services

Cota's will no longer be using the E-pack so the outdated medication issue will not be repeated.

R160 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

### R171 Resident Care and Home Services

The nurse, Kate Laramore R.N., will review the procedure for documenting medication errors with all staff. She will stress the importance of this and monitor staff to make sure that they are following the correct procedures.

R171 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

### R181 Resident Care and Home Services

There are no employees that currently work in the home that have a positive criminal background check.

Tammy Cota, manager/owner will keep track of who is working in the home and make sure that before they are hired they have a completed and satisfactory criminal background check completed.

R181 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

### R183 Resident Care and Home Services

As of 11/3/10 a form has been made up to keep track of the weekly schedule. The current schedule has been completed to keep on file and will be changed if staff changes. The new schedule form indicates that the 11-7am staff member will be awake at all times to give resident care when the number of residents exceeds 15.

R183 POC Accepted 12/8/10 F.McIntosh RN / @McoTURN

**R190 Resident Care and Home Services**

As of 11/3/10, all employees currently working at our home have a background check on file.

We will put into effect a policy that states that the day that a person is hired for employment their information will be sent to have their backgrounds checked.

Tammy Cota, manager/owner, will make sure that this policy is carried out and will make periodic checks to keep this deficiency from being repeated.

R190 POC Accepted 12/8/10 F. McIntosh RN/ P. McIntosh RN

*Tammy Cota*  
11/3/10